

## Instructions for Admission Tax Registration Form

1. Download and print these instructions and the Registration Form.
2. Fill out the form completely.
3. Submit the form to: Norfolk Commissioner of the Revenue  
Business Tax Team

**In Person**  
City Hall Building  
East Wing  
810 Union Street  
Norfolk, Virginia

**By Mail**  
PO Box 2260  
Norfolk, VA 23501-2260

**By Fax**  
Number: (757) 441-1346

### **Explanation of Terms:**

**Business or Event** – Check the box which applies to your service. Is this an on-going business, or is this a single event?

**Applicant Name** – This is the proper legal name of the individual, partnership, or corporation requesting registration.

**Trading-As Name** – This is the legal name of the business as filed with the Norfolk Clerk of Circuit Court.

**Event Date(s) or Start Date of Business** – This is the start and end date of the event or the date that the business will begin operation.

**Business or Entertainment Type** – This is the kind of business. Is the business a movie theater, a concert, sporting event, etc.?

**Telephone Number** – This is the telephone number of the business location.

**Business/Event Location Address** – This is the physical address of the business or event. Post office boxes are not acceptable.

**Mailing Address** – This is the mailing address of the entity reporting and remitting the tax. This may be the owner, an accounting firm, or other agent.

**Applicant's Signature** – This form must be signed by the applicant or authorized agent of the partnership or corporation.

**Applicant's Title** – This is the title of the applicant or authorized agent of the partnership or corporation.

### **New Businesses:**

You may streamline your Business License application process by including this form in your application packet.

### **Questions?**

If you have any questions about Business License Requirements in the City of Norfolk, please contact the Commissioner of the Revenue Business Tax Team. Our number is (757) 441-2270.

## Admission Tax Registration

To: **Sharon M. McDonald, Commissioner of the Revenue, Norfolk Virginia**

I hereby register for admission tax for the following ☐ **Business** ☐ **Event**:

**Applicant Name:** \_\_\_\_\_

**Trading-As Name:** \_\_\_\_\_

**Event Date(s) or Start Date Of Business:** \_\_\_\_\_

**Business or Entertainment Type:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Business/Event Location Address:**

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address:**

Care-Of Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Title:** \_\_\_\_\_

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Account Number: \_\_\_\_\_

Clerk/Date \_\_\_\_\_